

Natural Resources and Environmental Protection Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

APPLICATION FOR RENEWAL OF A FORMAL PERMIT DEP 7095 (3/92)

GENERAL INSTRUCTIONS

1. **USE OF THIS APPLICATION** - This form is to be used to apply for renewal of a formal permit that has been issued by the Division of Waste Management.
2. **PREPARATION ASSISTANCE** - Questions regarding this application form should be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address provided above, or by calling (502) 564-6716.
3. **SUBMISSION** - Submit the original and three (3) copies of the completed application to the Division of Waste Management at the address listed above. If an item does not appear to be applicable to your application, write "N/A" for not applicable. The Cabinet may require additional information upon review of this application.
4. **FILING FEES** - Applicants, except publicly owned facilities, must submit filing fees at the time of application submittal in accordance with regulatory and statutory requirements.
5. **LAWS AND REGULATIONS** - Applicants are expected to understand and comply with all laws and regulations applicable to the proposed facility.

APPLICATION FOR RENEWAL OF A FORMAL PERMIT

Permit Number _____

Permit Expiration Date _____

County _____

Fee Submitted _____

Method of Payment: _____ Check _____ Money Order _____ Cashier's Check

_____ Other: _____

_____ Exempt (Publicly Owned Facility)

Date _____

Number of Years for which Renewal is Requested _____

1. Permittee _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (_____) _____

Contact Person/Process Agent _____

2. Facility Name _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (_____) _____

Contact Person/Process Agent _____

3. Facility mailing address (if different from above)

Address _____

City _____ State _____ Zip Code _____

4. Certified Manager _____
Address _____
City _____ State _____ Zip Code _____
Phone No. (_____) _____
(Provide attachment if more than one)
5. Certified Operator _____
Address _____
City _____ State _____ Zip Code _____
Phone No. (_____) _____
(Provide attachments if more than one)
6. Corrections to this application requested by the Cabinet are to be accepted from:
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone No. (_____) _____
7. Permit Type:
_____ Residential Landfill Facility
_____ Contained Landfill Facility
_____ Construction/Demolition Debris Landfill Facility
_____ Residual Landfill Facility
_____ Special Waste Landfill Facility
_____ Special Waste Landfarm Facility
_____ Special Waste Composting Facility
_____ Other. Explain _____

8. Financial Assurance Information.

Current amount of Financial Assurance: \$_____

Check type of Financial Assurance Mechanism(s) on file:

	Amount	Acreage
_____ Letter of Credit	\$_____	_____
_____ Surety Bond	\$_____	_____
_____ Certificate of Deposit	\$_____	_____
_____ Escrow Agreement	\$_____	_____
_____ Other. Explain: _____		

	\$_____	_____

Attach to this application a current worst-case closure and post-closure maintenance cost estimate.

9. Complete the attached draft public notice form. A public notice is required for all renewal applications.

10. Complete and attach a Past Performance Information statement, form DEP 7094J or DEP 7087.

11. Provide the following information concerning the current approved permit:

Permitted Acreage _____

Permitted Fill Acreage _____

Facility currently accepting waste? _____yes _____no

If yes, anticipated closure date: _____

Remaining air space as of last annual survey _____

(If remaining air space is calculated by any method other than an annual survey, describe method used) _____

Current Average Fill Rate: _____Tons Per Day _____ Days Per Week.

An individual, by executing this document on behalf of a corporation or other entity, certifies that she or he is duly authorized to act on behalf of the corporation or other entity and provide the information contained herein.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

Print Name

Title

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me by _____ this the
_____ day of _____, 199____.

NOTARY PUBLIC

My Commission Expires: _____.

Notary Public's Name _____

Address _____

City _____ State _____ Zip Code _____

Attachment _____

PUBLIC NOTICE

PURSUANT TO APPLICATION NO. _____ (For Department Use Only)

The Natural Resources and Environmental Protection Cabinet, Division of Waste Management has received a permit renewal application for a _____ from _____.
(Facility Type) (Applicant)

The renewal application proposes to extend the expiration date of Permit No. _____ to _____.
(Date)

The site or facility is located in _____ County, Kentucky.

The name and address of the applicant for the permit renewal is:

Contact Person: _____

Any person may submit comments on whether the renewal of the permit should be approved. Written comments may be submitted for a period of thirty (30) days following the date of publication of this notice. Written comments must be addressed to:

Director
Division of Waste Management
14 Reilly Road
Frankfort, Kentucky 40601

Please refer to Permit No. _____ in any comments submitted on this renewal application.